Texas Department of Health Toxic Substances Control Division Lead Certification Section



P.O. Box 149200 Austin, Texas 78714-9200 800/572-5548; 512/834-6600

LEAD ABATEMENT WORKER CERTIFICATION RENEWAL APPLICATION

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY

	et #7C790-085	Remittance#	
A person must be certified by the department as a Lead Abatement Worker to engage in such activity in target housing and child-occupied facilities in accordance with 25 TAC §295.210. A fee of \$50.00 must accompany this application. Send a cashier's check or money order payable to "Texas Department of Health - 7C790-085." DO NOT SEND PERSONAL CHECKS, COMPANY CHECKS, OR CASH. Certification fees are nonrefundable except as prescribed in §295.205(f)(2) and are due annually to continue certification for up to three years. Please allow up to three weeks for processing your application. Practicing with a lapsed certificate is prohibited regardless of when the renewal application is submitted. In accordance with 25 TAC 295.205(i), certifications which have lapsed for a period exceeding 180 days beyond the three-year expiration date cannot otherwise be renewed, and an application for a new certification subject to current qualifications will be required. Complete all blocks below (print or type only) and supply all the required documentation listed on this form. FEE EXEMPT - Check this box if you are submitting this application as a federal, state, or local government employee in order to obtain certification for the execution of official government duties only, as per §295.216(b) of the TELRR. Your name and certification status will not appear on the general distribution lists for advertising purposes.			
ALL CORRESPONDENCE IS MAILED TO THE RESIDENTIAL ADDRESS UNLESS OTHERWISE INDICATED OR THE CERTIFICATION IS FEE- EXEMPT. CHECK THE BOX BESIDE THE BUSINESS ADDRESS IF YOU CHOOSE TO HAVE CORRESPONDENCE MAILED TO THIS ADDRESS. Mr.			
Ms.		()	
Applicant Name(Last, First, M.I.)	Certification Nu	mber Telepho	ne Number
Residence Address City	, Cou	ınty Stat	te Zip
Business Name or Organization Affiliation (if any)*		() Telepho	one Number
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IMPORTANT

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE IF NOT SIGNED BY THE APPLICANT AND ALL REQUIRED DOCUMENTATION AND APPROPRIATE FEE SUBMITTED.

NOTE:

- , Mail the application, check and documentation to: Environmental Lead Branch, Certification Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 149200, Austin, Texas 78714-9200.
- , If your application is complete, allow a minimum of three weeks for processing your application.
- , In cases of a deficient application, the applicant will be notified in writing within 60 days from the date the department receives the application indicating what additional information and/or documentation is required. From the date of this Deficiency Notification, the applicant shall have 90 days to provide the correct information and/or documentation requested, otherwise the application will be denied in accordance with section 295.205(c)(4) of the Texas Environmental Lead Reduction Rules.